

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY — DIVISION OF PENSIONS AND BENEFITS
BENEFICIARY SERVICES
PO BOX 295
TRENTON, NJ 08625-0295**

ACTIVE BENEFICIARY VERIFICATION FORM

Instructions: Please complete this form and return to the Beneficiary Services Section at the above address.

MEMBER INFORMATION

Name _____ SS # _____
County _____ Address _____
Pension Membership # _____

BENEFICIARY INFORMATION

Your Name _____ Your Date of Birth _____
Your Address _____ Your Daytime
_____ Phone Number _____
_____ Are you the member's spouse? ☐ Yes ☐ No

Certification Instructions

You must cross out item (2) in the paragraph below if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return. The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Taxpayer Identification Number/Form W9 Certification

Under penalties of perjury, I certify that (1) the number provided below is my correct Social Security number or taxpayer identification number, and (2) that I am not subject to backup withholding because (a) I have not been notified that I am subject to backup withholding as a result of a failure to report interest or dividends, or (b) the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

Signature

Your Social Security Number or
Taxpayer Identification Number

Date